

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # <u>10/518245</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>100</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:		
<input type="checkbox"/>	No Fee Due (Explanation):	<div style="border: 1px solid black; display: inline-block; padding: 2px;">           9    <span style="font-size: 1.2em;">2</span> <span style="font-size: 1.2em;">5</span> -- <span style="font-size: 1.2em;">0</span> <span style="font-size: 1.2em;">1</span> <span style="font-size: 1.2em;">2</span> <span style="font-size: 1.2em;">0</span> </div>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>		
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 ext 211</u>		
OFFICE: <u>PCT DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*